į	PATENT A	PPLICATIO	N FEE DI	ETERMINATI	ON RECORI	D	Ap	plication or l	Docket	Number	
								1	349(	0.0006	
			CLAIMS AS FILED - PART (Column 1)		(Column 2)		SMALL ENTITY		OR SMALL ENTIT		
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		ΓE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								\$_370	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			9 mini	us 20 = *	* 0		9 =	0	OR	x \$ =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		IMS	L mir	nus 3 = *	0	x _4	2=	0	OR	x=	0
		DENT CLAIM PRI	SENT (3	7 CFR 1.16(d))		+	=	0	OR	+ =	0
* If the	e difference in colum	in 1 is less then zero, e	nter "0" in colur	nn 2		тот	AL	370	OR	TOTAL	0
		·		ENDED - PART II	·					OTHER T	HAN
		(Column 1)	is as ami	(Column 2)	(Column 3)	SMA	LL E	NTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADD TION. FEE
NDN	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$		0	OR	x \$=	0
ME	Independent (37 CFR 1.16(b))	*	Minus	***	=	x		0	OR OR	x=	0
Ā	FIRST PRES	ENTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT CLAIM		] [+	_=	0	OR	+=	0
		(Column 1)		(Column 2)	(Column 3)	TOT ADDIT. F		0	OR A	TOTAL DDIT. FEE	
<b>TENDMENT B</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA <sup>1</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADE TION FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	0	OR	x \$=	(
AME	Independent (37 CFR 1.16(b))	*	Minus	***	=	]	_=	0	OR OR	x=	. 0
•	FIRST PRES	SENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	] +	_=	0	OR	<u>+</u> =	0
		(Column 1)		(Column 2)	(Column 3)	TO ADDIT.	TAL FEE	0	OR	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADI TION FEI
	Total (37 CFR 1.16(c))	*	Minus	**	= .	x \$_	_ =	0	OR	x \$=	0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=	0	OR OR	x=	(
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3)				(37 CFR 1.16(d))	1 +	=	0	OR	+=	(

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.